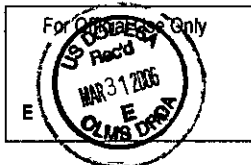


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



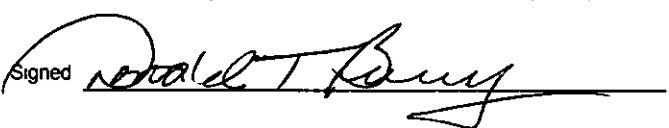
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text" value="04261"/>	2 Fiscal Year Covered From <input type="text" value="1"/> / <input type="text" value="1"/> / 2005 Through <input type="text" value="12"/> / <input type="text" value="31"/> / 2005
3 Name and address of person filing Name <input type="text" value="DONALD"/> <input type="text" value="T"/> <input type="text" value="BERRY"/> P O Box Bldg Room No if any <input type="text" value="C/O IBEW LOCAL 570"/> Street <input type="text" value="750 S TUCSON BLVD"/> City <input type="text" value="TUCSON"/> State <input type="text" value="Arizona"/> ZIP Code + 4 <input type="text" value="85716"/>	4 Name file number and address of labor organization Name <input type="text" value="IBEW LOCAL 570"/> Labor Organization File Number <input type="text" value="011-338"/> P O Box Building and Room Number if any <input type="text"/> Street <input type="text" value="750 S TUCSON BLVD"/> City <input type="text" value="TUCSON"/> State <input type="text" value="Arizona"/> ZIP Code + 4 <input type="text" value="85716"/>
5 Position in labor organization <input type="text" value="PRESIDENT"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On <input type="text" value="3/15/06"/> Date	<input type="text" value="(520) 622 6745"/> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name IBEW LOCAL 570 & 518 TRUST FUNDS

Trade Name if any

P O Box Bldg Room No if any P O BOX 16200

Street

City PHOENIX

State Arizona ZIP Code + 4 85011

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IBEW 570 PENSION FUND

Trade Name if any

P O Box Bldg Room No if any P O BOX 16200

Street

City PHOENIX

State Arizona ZIP Code + 4 85011

11 a Nature of such dealing

TRUSTEE ON THE IBEW 570-518 PENSION FUND ATTEND
INTERNATIONAL FOUNDATION ANNUAL CONFERENCE PENSION
TRUST FUND REIMBURSES THE COST OF TRAVEL MEALS
HOTEL ETC

11 b Approximate dollar value of such dealing

\$2 267

12 a Nature of interest held or income received

REIMBURSEMENT TO TRUSTEE BY TRUST FOR INCURRED
EXPENSES FOR ATTENDANCE AT ANNUAL PENSION TRUST
CONFERENCE NOVEMBER 13 16 2005 IN HONOLULU HI

AIRFARE \$346 90 HOTEL \$1 645 34 DINNERS \$162 84
TAXIS/SHUTTLE \$45 00 SHIPPING \$66 84

12 b Amount

\$2 267

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment